

85
Eagle Signal Controls
A Mark IV Industries Company

736 Federal Street
Davenport, Iowa 52803
(319) 328-2050

March 23, 1992

U.S. EPA
REGION VII
726 Minnesota Avenue
Kansas City, KS 66101

RECEIVED
MAR 26 1992

IOWA SECTION

ATTN: Ken Herstowski

RE: Information on Solid Waste Management Units,
Eagle Signal, Davenport, Iowa
EPA ID# IAD051001337

Dear Mr. Herstowski:

Until August of 1984, Eagle Signal used a parking lot area on the northeast corner of the manufacturing building as its storage site. This is approximately a 30 x 30 space with asphalt as the lot material, no site map available.

See Exhibit 1 from Iowa Department of Water, Air and Waste Management for results of the closure activities.

See Exhibit 2-5 for manifests of materials disposed.

Since 1984, hazardous waste accumulations have been kept inside the building. We are using the paint storage room, see Exhibit 6, as our accumulation point. This is an OSHA-approved area with block walls, exhaust ventilation and a ramped doorway in and out and any spills, if they did occur, would be contained in this room.

There have been no releases from any past or present SWMU's that I am aware of, and the paint storage SWMU is the only one in operation.

Sincerely,



Richard W. Erickson
Plant Manager

/jc



R00307870
RCRA RECORDS CENTER

CERTIFICATION TO REQUEST FOR INFORMATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document (response to EPA Request for Information) and all documents submitted herewith, and that, to the best of my knowledge, the submitted information is true, accurate, and complete, and that all documents submitted herewith are complete and authentic unless otherwise indicated. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Richard W. Erickson

NAME (print or type)

Plant Manager

TITLE

Richard W. Erickson

SIGNATURE

Sworn to before me this 23rd
day of March, 1992

Kathy L Bolster
Notary Public



IOWA DEPARTMENT OF WATER, AIR AND WASTE MANAGEMENT

Report Of Investigation

Page 1 Of 1

Exhibit 1.

INVESTIGATION DATE		FROM: (Use Stamp) Region No. 6 P. O. Box 27 Washington, Iowa 52353
Current 8/30/84	Last 2/29/84	
TO: (Facility Name, Location & Address) Eagle Signal 736 Federal Davenport, IA 52803 IAD051001337		Persons Contacted (Name & Position) <u>Arlee D. Tripaldi, Maintenance Supervisor</u> <u>Richard Erikson, Manufacturing Service Mgr.</u>
RE: (Specify Investigation Purpose Or Cite Rule) RCRA status update in accordance with Work Request #176		

OBSERVATIONS/RECOMMENDATIONS

This inspection was conducted to observe closure of storage facilities in accordance with a request for small quantity generator status.

Discussion with Messrs. Tripaldi and Erikson indicated that on 6/19/84, 29 barrels, 6/21/84, 22 barrels, 7/3/84, 29 barrels, and 8/1/84, 26 barrels of hazardous wastes were shipped off-site. As of 8/30/84 less than one barrel of mineral spirits was in storage.

Production is way down at this site. The solid state manufacturing process has been transferred to Texas. Consequently, hazardous wastes possibly generated are also reduced.

Previous storage area was observed with no wastes in storage. Area appeared to have been cleaned as outlined in closure plan details stipulated in 7/27/84 letter from Eder Associates to Barb Cook.

Regarding observation of spilled residues, etc., stains in the asphalt-cement area were definitely noticeable but there was no evidence of residue piles remaining. The stains also appear as though they may have been generated from a variety of other practices other than spillage of hazardous wastes.

SUSPENSE DATE	Signature	Date
<u>11</u>	Inspector Steve Hoambrecker <i>Steve Hoambrecker</i>	9/19/84
	Regional Administrator Merritt W. Van Lier <i>Merritt W. Van Lier</i>	9/20/84
Enclosures (Specify)		
Distribution: Regional Office: Central Office: Inspected Facility: Date copy mailed: 9/20/84 - amw		

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

3193268111-02

Exhibit 2

TO:	FROM:
T/S/D FACILITY L.W.D., Inc.	Generator Eagle Signal Controls
E.P.A. ID Code No. KYD 088438817	E.P.A. ID Code No. IAD051001337
Address Hwy 1523 West P. O. Box 327	Address 736 Federal Street
Destination Calvert City, KY	Origin Davenport, Iowa
Phone 502-395-8313	Phone 319-326-8111

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
20	Flammable Solid NOS (9)	Flam. Solid	1325	D001		
2	Flammable Liquid NOS (8)	Flam. Liq.	1993	D001		
7	Flammable Liquid NOS (3)	Flam. liq	1993	D001		

PLACARDS REQUIRED

Flammable

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Carrier)

FREIGHT CHARGES

PREPAID COLLECT



RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY Spring Grove Processing Ctr
E.P.A. ID Code No. 4879 Spring Grove Ave
Address Cincinnati, OH
Destination OHD000816629

EMERGENCY RESPONSE INFORMATION

CONTACT Name E.S.G. Watts/attn: Steve
Phone 309-798-5015
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Arden T. Sigala Date 7-3-84

TRANSPORTER #1 Watts Trucking Service, Inc. E.P.A. ID No. ILD045376100
Address 438 4th Street
City Rock Island State ILL Zip 61201 Phone 309-788-3421

Transporter No. 1 Signature Paul Mayer Date 7/3/84

TRANSPORTER #2 _____ E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

This is to certify acceptance of the hazardous waste shipment.

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature Steve York Amos H. Shelton, Jr. Date 07/05/84 7/6/84

ORIGINAL - RETURN TO GENERATOR

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING WORK Order

ORIGINAL - NOT NEGOTIABLE

#100224

MANIFEST DOCUMENT NUMBER

319-326-8111-01

Exhibit 3

TO: T/S/D FACILITY CECOS International	FROM: Generator Eagle Signal Controls
E.P.A. ID Code No. OHD087433744	E.P.A. ID Code No. IAD051001337
Address 5092 Aber Road	Address 736 Federal Street
Destination Williamsburg, Ohio	Origin Davenport, Iowa
Phone 513-724-6114	Phone 319-326-8111

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz. Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
29	Cr ⁻ Acid Solid	Oxidizer	1463	F006	20165-M	
2	Derust	ORM-E	9186	F006	20168-H	

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

FREIGHT CHARGES

PREPAID ☐ COLLECT ☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY Spring Grove Processing Center
E.P.A. ID Code No. OHD000816629
Address 4879 Spring Grove Ave.
Destination Cincinnati, Ohio

EMERGENCY RESPONSE INFORMATION

CONTACT Name ESG/Watts
Phone 309-798-5015 Attn: Steve
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Richard W. Erickson Date 6-19-84

TRANSPORTER #1 Watts Trucking Service, Inc. E.P.A. ID No. ILD045376100

Address 438 4th Street
City Rock Island, State Ill. Zip 61201 Phone 309-788-3421

Transporter No. 1 Signature Barney Jones Date 6-19-84

TRANSPORTER #2 E.P.A. ID No. _____

Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

This is to certify acceptance of the hazardous waste for treatment, storage, or disposal.

T/S/D FACILITY Signature Warren Taylor Date 6/21/84

ORIGINAL - RETURN TO GENERATOR

HAZARDOUS WASTE MANIFEST

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

MANIFEST DOCUMENT NUMBER

3193268111-03

Exhibit 4

TO:	FROM:
T/S/D FACILITY CECOS International	Generator Eagle Signal Control-
E.P.A. ID Code No. OHD087433744	E.P.A. ID Code No. IAD051001337
Address 5092 Aber Road	Address 736 Federal Street
Destination Williamsburg, Ohio	Origin Davenport, Iowa
Phone 513-724-6114	Phone 319-326-8111

No. Shipping Units	D.O.T. PROPER SHIPPING NAME	HAZARD CLASS	Haz. Mat. I.D. No.	EPA Haz Waste No.	WEIGHT	LABELS REQUIRED (or Exemption No.)
26	Chromic Acid Solid 20168-M	Oxidizer	1463	F006	15yoo	

PLACARDS REQUIRED

NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the carrier, the carrier shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

(Signature of Carrier)

FREIGHT CHARGES

PREPAID COLLECT

☐☐

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.
Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

ALTERNATE DESTINATION (EMERGENCY ONLY)

T/S/D FACILITY Spring Grove Processing Center
E.P.A. ID Code No. OHD000816629
Address 4879 Spring Grove Avenue
Destination Cincinnati, Ohio

EMERGENCY RESPONSE INFORMATION

CONTACT Name ESG/Watts
Phone 309-798-5015 attn: Steve
National Response Center 1-800-424-8802
in D. C. 426-2675

CERTIFICATION

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the E.P.A.

Generator Signature Richard H. Emerson Date 8-1-84

TRANSPORTER #1 Watts Trucking Service, Inc. E.P.A. ID No. ILD045376100
Address 438 4th Street
City Rock Island, Ill State IL Zip 61201 Phone 309-788-3421

Transporter No. 1 Signature Paul Meyer This is to certify acceptance of the hazardous waste shipment. Date 8-1-84

TRANSPORTER #2 E.P.A. ID No. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Transporter No. 2 Signature _____ This is to certify acceptance of the hazardous waste shipment. Date _____

TREATMENT/STORAGE/DISPOSAL FACILITY

T/S/D FACILITY Signature W. Anderson This is to certify acceptance of the hazardous waste for treatment, storage, or disposal. Date 8/2/84

ORIGINAL - RETURN TO GENERATOR

TO BE COMPLETED BY
WASTE GENERATOR

STATE OF ILLINOIS

ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF LAND POLLUTION CONTROL
2200 CHURCHILL ROAD, SPRINGFIELD, ILLINOIS 62706
(217) 782-6760

SPECIAL WASTE HAULING MANIFEST

0436130

Authorization Number 0 0 0 0 0 4
8 13

Eagle Signal
(Company Name)

736 Federal Street 319-326-8111
Address Phone Number

9 0 0 9 1 9 0 0 1 3 6
14 Generator Number 24

Davenport
City

Iowa 52803
State Zip

I A D O 5 1 0 0 1 3 3 7
EPA Number

WASTE HAULER(S)

Chemical
Service Corp.
Hauler Name

4601 W. 138th St.
Hauler Address

S.W.H. Registration Number 1 3 0 1 0 1 5
25 31

312-597-3380
Phone Number

I L D 9 8 0 7 0 1 1 0 6
EPA Number

Hauler Name

Hauler Address

S.W.H. Registration Number 32 38

Phone Number

EPA Number

DESTINATION — DISPOSAL STORAGE OR TREATMENT SITE

Safety-Kleen Corp.
(Facility Name)

1500 Villa St.
Address

0 3 1 4 3 8 0 1
39 Site Number 46

Elgin
City

Illinois 60120 312-697-8460
State Zip Phone Number

I L D 0 0 0 8 0 5 9 1 1
EPA Number

Alternate (Facility Name)

Address

39 Site Number 46

City

State

Zip

Phone Number

EPA Number

TO BE COMPLETED BY
WASTE GENERATOR

WASTE NAME: Mineral Spirits

WASTE PHASE: Liquid

(Liquid, Gaseous, Solid)

THE SPECIAL WASTE BEING TRANSPORTED UNDER THIS MANIFEST IS OF THE DOT HAZARD CLASSIFICATION INDICATED IMMEDIATELY BELOW:

SHIPPING DESCRIPTION:

HAZARD CLASS:

U N 1 2 5 5
UN or NA Number

D O 0 1
EPA HW Number

Petroleum Naphtha

Combustible

WEIGHT FOR 7150 (LBS)
D.O.T. USE TONS (circle one)

WEIGHT FOR I.E.P.A. USE MUST BE
CONVERTED TO CU. YDS. OR GAL.

QUANTITY OF WASTE DELIVERED: 1 1 0 0 1
47 52 53 GALLONS (Circle One)
2 CU. YDS. 1

METHOD OF SHIPMENT (Circle One)

(DRUMS 22)
Number

TANK TRUCK

OPEN TRUCK

OTHER (Specify)

THIS IS TO CERTIFY THAT THE ABOVE-NAMED WASTE ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND IS IN PROPER CONDITION FOR TRANSPORTATION.
IN ACCORDANCE WITH THE APPLICABLE REGULATIONS OF THE ILLINOIS DEPARTMENT OF TRANSPORTATION AND I.E.P.A.

I HEREBY AGREE TO AND CERTIFY THE ABOVE WRITTEN INFORMATION

Richard W. Erickson
(Authorized Signature)

DATE: June 21, 1984

WASTE HAULER

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND QUANTITY HAS BEEN ACCEPTED IN PROPER CONDITION FOR TRANSPORT AND I ACKNOWLEDGE
THE DESTINATION AS INDICATED:

(1) *Chip Kelly*
(Authorized Signature)

DATE: 6/21/84
54 59

(2) _____
(Authorized Signature)

DATE: / /

DISPOSAL, STORAGE, OR TREATMENT FACILITY*

HAZARDOUS WASTE SUBJECT TO FEE YES NO

I HEREBY CERTIFY THAT THE ABOVE-DESCRIBED WASTE AND INDICATED QUANTITY HAS BEEN ACCEPTED AT THE SITE SPECIFIED ABOVE:

Lina Bolger
(Authorized Signature)

DATE: 6/21/84
60 65

COMMENTS OR SPECIAL INSTRUCTIONS:

Actual gallons are 1181

IN ILLINOIS: 217 / 782-3637

24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS

OUTSIDE ILLINOIS: 800 / 424-8802 or 202 / 426-2675

DISTRIBUTION: PART - 1 GENERATOR

PART - 2 IEPA

PART - 3 SITE

PART - 4 HAULER

PART - 5 IEPA

PART 6 - GENERATOR

REV. # 3

GENERATOR COPY — PART 1 - DO NOT REMOVE PART 1 FROM SET UNTIL COMPLETED.

1st FLOOR
SECTION NORTH SOUTH
SECTION EAST WEST

